



INDIVIDUAL RESPONSIBILITY PLAN (IRP)
**CONTRACTED SERVICES (USUALLY):
WHOLE FAMILY SERVICES (WH)**

I will participate with the provider listed below for whole family services, located at the address listed below for the time period listed below. I will participate in case staffings and in-home visits as requested and report to appointments to resolve issues. If I am unable to come to scheduled appointments or participate in the agreed upon activities, I will call the person listed below at the phone number listed below on the same day I am unable to participate. I understand that if I do not call in on or before the same day, it will be considered an unexcused absence and may result in sanction. I have adequate child care and transportation has been addressed, and these are not an issue. My case manager and I will review this IRP again on the date listed below.

Provider: _____

Address: _____

Begin and end date of services: _____

Contact name: _____

Phone number: _____

Date of next IRP review: _____